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CONFIRMATION NO. 6868

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/841,756	04/24/2001	705	3626	6847-127 / 10100727	
APPLICANTS Michael Schoenbaum, Bethesda, MD; Mark Spranca, Venice, CA; Jayanta Bhattacharya, Santa Monica, CA; Neeraj Sood, Los Angeles, CA;					
** CONTINUING DATA ***** This appln claims benefit of 60/200,495 04/25/2000 and claims benefit of 60/219,909 07/21/2000 and claims benefit of 60/223,205 08/04/2000					
** FOREIGN APPLICATIONS *****					
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/18/2001					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /ROBERT W MORGAN/ Acknowledged Examiner's Signature	<input checked="" type="checkbox"/> Met after Allowance RWM Initials	STATE OR COUNTRY MD	SHEETS DRAWINGS 27	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 9
ADDRESS FULBRIGHT AND JAWORSKI LLP 555 S. FLOWER STREET, 41ST FLOOR LOS ANGELES, CA 90071 UNITED STATES					
TITLE Health cost calculator/flexible spending account calculator					
FILING FEE RECEIVED 1280	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		